

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET

SERIAL NO. _____ FILING DATE _____

APPLICANT(S)

CLAIMS

| | AS FILED | | AFTER 1ST AMENDMENT | | AFTER 2ND AMENDMENT | |
|--------------|----------|-----|---------------------|-----|---------------------|-----|
| | IND | DEP | IND | DEP | IND | DEP |
| 1 | 1 | | | | | |
| 2 | 1 | | | | | |
| 3 | 1 | | | | | |
| 4 | 1 | | | | | |
| 5 | 1 | (1) | | | | |
| 6 | 1 | | | | | |
| 7 | 1 | | | | | |
| 8 | 1 | | | | | |
| 9 | | 1 | | | | |
| 10 | 1 | | | | | |
| 11 | 1 | | | | | |
| 12 | (1) | | | | | |
| 13 | | (1) | | | | |
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| 25 | (1) | | | | | |
| 26 | 1 | | | | | |
| 27 | | 1 | | | | |
| 28 | | 1 | | | | |
| 29 | 1 | | | | | |
| 30 | | 1 | | | | |
| 31 | 1 | | | | | |
| 32 | 1 | | | | | |
| 33 | 1 | | | | | |
| 34 | 1 | | | | | |
| 35 | 1 | | | | | |
| 36 | 3 | | | | | |
| 37 | 3 | | | | | |
| 38 | (1) | | | | | |
| 39 | (1) | | | | | |
| 40 | (1) | | | | | |
| 41 | 1 | | | | | |
| 42 | | 1 | | | | |
| 43 | 1 | | | | | |
| 44 | 1 | | | | | |
| 45 | 1 | | | | | |
| 46 | 5 | | | | | |
| 47 | 1 | | | | | |
| 48 | 1 | | | | | |
| 49 | 1 | | | | | |
| 50 | 1 | | | | | |
| TOTAL IND. | | | | | | |
| TOTAL DEP. | | | | | | |
| TOTAL CLAIMS | | | | | | |

| | IND | DEP | IND | DEP | IND | DEP |
|--------------|-----|-----|-----|-----|-----|-----|
| 51 | 1 | | | | | |
| 52 | 1 | | | | | |
| 53 | 1 | | | | | |
| 54 | | 4 | | | | |
| 55 | | 1 | | | | |
| 56 | | 4 | | | | |
| 57 | | 4 | | | | |
| 58 | | 4 | | | | |
| 59 | | 4 | | | | |
| 60 | | 4 | | | | |
| 61 | 1 | | | | | |
| 62 | 1 | | | | | |
| 63 | 1 | | | | | |
| 64 | 1 | | | | | |
| 65 | | 4 | | | | |
| 66 | | 1 | | | | |
| 67 | | 4 | | | | |
| 68 | | 4 | | | | |
| 69 | | 4 | | | | |
| 70 | | 4 | | | | |
| 71 | | 4 | | | | |
| 72 | 1 | | | | | |
| 73 | | 1 | | | | |
| 74 | | 1 | | | | |
| 75 | 1 | | | | | |
| 76 | | 1 | | | | |
| 77 | 1 | | | | | |
| 78 | | 1 | | | | |
| 79 | | 1 | | | | |
| 80 | 1 | | | | | |
| 81 | | 1 | | | | |
| 82 | | 1 | | | | |
| 83 | | 1 | | | | |
| 84 | | 1 | | | | |
| 85 | | 10 | | | | |
| 86 | 1 | | | | | |
| 87 | 1 | 1 | | | | |
| 88 | | 1 | | | | |
| 89 | 1 | | | | | |
| 90 | 1 | | | | | |
| 91 | 1 | | | | | |
| 92 | 1 | | | | | |
| 93 | 1 | | | | | |
| 94 | 1 | | | | | |
| 95 | | 1 | | | | |
| 96 | | 1 | | | | |
| 97 | 1 | | | | | |
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| 99 | | 1 | | | | |
| 100 | 1 | | | | | |
| TOTAL IND. | | | | | | |
| TOTAL DEP. | | | | | | |
| TOTAL CLAIMS | | | | | | |

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

AS FILED

AFTER 1ST
AMENDMENT

AFTER 2ND
AMENDMENT

| | IND | DEP | IND | DEP | IND | DEP |
|-----|-----|-----|-----|-----|-----|-----|
| 101 | / | | | | | |
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TOTAL IND.

TOTAL DEP.

TOTAL CLAIMS

TOTAL IND.

TOTAL DEP.

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